**Some Sample Test Name, Fee and Type**

|  |  |  |
| --- | --- | --- |
| **Test** | **Fee** | **Type** |
| Complete Blood count (Total Count-Differential Count-ESR, Hb %) | 400 | Blood |
| RBS | 150 |
| S. Creatinine | 350 |
| Lipid profile | 450 |
| Hand X-ray | 200 | X-Ray |
| Feet X-ray | 300 |
| LS Spine | 1100 |
| Lower Abdomen | 550 | USG |
| Whole Abdomen | 800 |
| Pregnancy profile | 550 |
| ECG | 150 | ECG |
| Echo | 1000 | Echo |